

**DAY
ONE**

CONTINUE for your first travel day.
If you have more than 12 places, please record them
on a separate piece of paper.

(Questions? See the Instructions & Example
or call the toll-free hotline at 877-261-4621)

| | What is the NAME OF THE PLACE and WHERE is it located? | What TIME did you ARRIVE? <i>Record exact time</i> | HOW did you GET there? <i>Use the LIST 1 CODES</i> |
|----------|--|---|---|
| PLACE 7 | Your location at 3:00 a.m.: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 8 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 9 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 10 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 11 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 12 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |

| NUMBER of people traveling with you? <i>Don't include yourself</i> | IF BY AUTO: | | IF BY TRANSIT: | | WHAT did you DO there? <i>Use the LIST 2 CODES</i> | What TIME did you LEAVE? <i>Record exact time</i> |
|--|---|---|------------------------------|---|---|--|
| | Which household VEHICLE? <i>Make & Model</i> | Did you GET OUT of your vehicle? | Which ROUTE # or LINE? | Was a PERSONAL VEHICLE AVAILABLE? | | |
| Total #: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |

Day Two begins on next page →

DAY TWO



Record each **PLACE** you go, starting with your location at 3:00 a.m. on your second travel day and ending with your location at 2:59 a.m. 24 hours later.

(Questions? See the Instructions & Example or call the toll-free hotline at 877-261-4621)

| | What is the NAME OF THE PLACE and WHERE is it located? | What TIME did you ARRIVE? <i>Record exact time</i> | HOW did you GET there? <i>Use the LIST 1 CODES</i> |
|----------------|--|---|---|
| PLACE 1 | Your location at 3:00 a.m.: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | | |
| PLACE 2 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | am / pm | List ONE code only |
| PLACE 3 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | am / pm | List ONE code only |
| PLACE 4 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | am / pm | List ONE code only |
| PLACE 5 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | am / pm | List ONE code only |
| PLACE 6 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | am / pm | List ONE code only |

| NUMBER of people traveling with you? <i>Don't include yourself</i> | IF BY AUTO: | | IF BY TRANSIT: | | WHAT did you DO there? <i>Use the LIST 2 CODES</i> | What TIME did you LEAVE? <i>Record exact time</i> |
|--|---|---|------------------------|---|---|--|
| | Which household VEHICLE? <i>Make & Model</i> | Did you GET OUT of your vehicle? | Which ROUTE # or LINE? | Was a PERSONAL VEHICLE AVAILABLE? | | |
| | | | | | List ALL codes that apply | am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | am / pm |

Continue →

DAY ONE



Record each **PLACE** you go, starting with your location at 3:00 a.m. on your first travel day and ending with your location at 2:59 a.m. 48 hours later.

(Questions? See the Instructions & Example or call the toll-free hotline at 877-261-4621)

| | What is the NAME OF THE PLACE and WHERE is it located? | What TIME did you ARRIVE? <i>Record exact time</i> | HOW did you GET there? <i>Use the LIST 1 CODES</i> |
|---------|---|---|---|
| PLACE 1 | Your location at 3:00 a.m.: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input checked="" type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | | |
| PLACE 2 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input checked="" type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 3 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input checked="" type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 4 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input checked="" type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 5 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input checked="" type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |
| PLACE 6 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input checked="" type="checkbox"/> Bus stop or Train station <input type="checkbox"/> Other Place <i>Provide as much of the address as possible:</i> Place Name/Train Station Name: _____ Street Address/Nearest Cross Streets: _____ City, State, and Zip: _____ | ____ : ____ am / pm | List ONE code only |

| NUMBER of people traveling with you? <i>Don't include yourself</i> | IF BY AUTO: | | IF BY TRANSIT: | | WHAT did you DO there? <i>Use the LIST 2 CODES</i> | What TIME did you LEAVE? <i>Record exact time</i> |
|--|---|---|------------------------|---|---|--|
| | Which household VEHICLE? <i>Make & Model</i> | Did you GET OUT of your vehicle? | Which ROUTE # or LINE? | Was a PERSONAL VEHICLE AVAILABLE? | | |
| | | | | | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |
| Total #: _____ <i>(Don't include yourself)</i> # of Household members w/ you: _____ <i>(Don't include yourself)</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | List ALL codes that apply | ____ : ____ am / pm |

Continue

DAY TWO

CONTINUE for your second travel day.
If you have more than 12 places, please record them on a separate piece of paper.

| FOR EACH PLACE: | | What TIME did you ARRIVE? <i>Record exact time</i> |
|---|---|---|
| Please record the NAME OF THE PLACE you visited and the EXACT ADDRESS or NEAREST MAJOR INTERSECTION CITY and ZIP CODE | | |
| PLACE 7 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i> | : am / pm |
| PLACE 8 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i> | : am / pm |
| PLACE 9 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i> | : am / pm |
| PLACE 10 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i> | : am / pm |
| PLACE 11 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i> | : am / pm |
| PLACE 12 | Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i> | : am / pm |

- 6 If you traveled in a VEHICLE owned by your HOUSEHOLD, tell us the Make and Model.
- 7 Did you get out of your vehicle at this place?
- 8 If you rode Transit, record which route number or line you used.
- 9 Record ALL the codes that apply from the **LIST 2 CODES** (located on the flap of this Log) for "WHAT did you DO there?"
- 10 EXACT TIME you LEAVE each place.

| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|--|---|---|--|--------------------|
| HOW did you GET there? <i>Use the LIST 1 CODES</i> | NUMBER of people traveling with you? <i>Don't include yourself</i> | IF AUTO/TRUCK/VAN: <i>Which household VEHICLE? Make & Model</i> | IF TRANSIT: <i>Did you GET OUT of your vehicle? Which ROUTE # or LINE?</i> | WHAT did you DO there? <i>Use the LIST 2 CODES</i> | What TIME did you LEAVE? <i>Record exact time</i> | |
| X | X | X | X | X | List ALL codes that apply | 7 : 11 am / pm |
| List ONE code only | 1 | Honda Civic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | List ALL codes that apply | 7 : 21 am / pm |
| List ONE code only | 1 | Honda Civic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | List ALL codes that apply | 7 : 34 am / pm |
| List ONE code only | 0 | Honda Civic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | List ALL codes that apply | 12 : 01 am / pm |

For assistance, call NuStats toll free at 877-261-4621